



Certification Form

Office of the Registrar, University of Michigan

LS&A Suite 5000
 500 S. State Street
 Ann Arbor, MI 48109-1382
 Phone: 734.763.9066
 Fax: 734.764.5556
 http://ro.umich.edu

Return form in person to Student Services, 2200 SAB, 515 Jefferson St, or 2202 Pierpont Commons. Mail or fax the form to the address/fax above.

PART I -- TO BE COMPLETED BY THE STUDENT - PLEASE PRINT OR TYPE

U-M ID NUMBER _____ ACCOUNT NUMBER (IF APPLICABLE) _____

LAST NAME FIRST MIDDLE FORMER NAME, IF APPLICABLE

STREET ADDRESS _____

CITY STATE ZIPCODE PHONE NUMBER

PLEASE NOTE BELOW ONLY THE INFORMATION THAT YOU NEED TO HAVE VERIFIED. THE UNIVERSITY OF MICHIGAN CAN ONLY CERTIFY TERMS FOR WHICH YOU HAVE REGISTERED.

Enrollment (month/year): ____/____/____ to ____/____/____

Anticipated date of graduation (month/year): ____/____/____ Degree(s) and Major/Field: _____

Pre-registration (Indicate if certification is needed once you have registered but classes have not yet begun):

_____ Fall _____ Winter _____ Spring-Half _____ Spring-Summer _____ Summer-Half

Degree(s) awarded (month/year): ____/____/____ Degree(s) and Major/Field: _____

Other: _____

I AUTHORIZE THE UNIVERSITY OF MICHIGAN TO VERIFY AND RELEASE THIS INFORMATION TO THE NAME AND ADDRESS BELOW:

SEND TO

 SIGNATURE DATE

PART II -- TO BE COMPLETED BY THE REGISTRAR:

Past and/or present enrollment (month/day/year):

____/____/____	to	____/____/____	_____ Full Time	_____ At Least Half Time	_____ Less Than Half Time
____/____/____	to	____/____/____	_____ Full Time	_____ At Least Half Time	_____ Less Than Half Time
____/____/____	to	____/____/____	_____ Full Time	_____ At Least Half Time	_____ Less Than Half Time
____/____/____	to	____/____/____	_____ Full Time	_____ At Least Half Time	_____ Less Than Half Time

Anticipated Date of Graduation (month/year): ____/____/____ Degree(s) and Major/Field: _____

Pre-registered for the following term(s):

____/____/____	to	____/____/____	_____ Full Time	_____ At Least Half Time	_____ Less Than Half Time
____/____/____	to	____/____/____	_____ Full Time	_____ At Least Half Time	_____ Less Than Half Time

Degree(s) awarded (month/day/year): ____/____/____ Degree(s) and Major/Field: _____

Other: _____

I CERTIFY THAT THE INFORMATION STATED IN PART II IS CORRECT.

UNIVERSITY OF MICHIGAN -- OFFICE OF THE REGISTRAR
 FEDERAL CODE: 0 0 2 3 2 5

University Seal

 UNIVERSITY REGISTRAR DATE

VOID WITHOUT THE APPROPRIATE OFFICIAL'S SIGNATURE AND THE
 AFFIXED SEAL OF THE UNIVERSITY OF MICHIGAN